

MEDICAID
2018 LEGISLATIVE BILL TRACKING

Bill #	Subject	Sponsor	Background/Status
Budget			
SB 187 HB 161	Budget Reconciliation & Financing Act of 2018	President Miller Speaker Busch	Increases the amount of the Medicaid Deficit Assessment by \$5 million in FY19 and requires MDH & HSCRC to develop 5-year and 10-year Medicaid-specific cost-savings targets (including a reduction in total hospital costs, total cost-of-care and quality measures); reports due Dec. 15, 2018 & 2019 SB 187: PASSED ENROLLED HB 161: heard in APP, 3/2

Bill #	Subject	Sponsor	Background/Status
Health Care Reform			
HB 660	Public Health – State-Provided Health Care Benefits for State Residents (HealthcareMaryland)	Del. Reznik	Establishes Office of Health Care Coverage in MDH to carry out the HealthcareMaryland program to provide benefits to those who do not receive federal benefits through Medicare, TriCare, plans subject to ERISA or any other federal medical program; program shall contract w/ MCOs to provide benefits, determine reimbursement rates, determine which benefits & services will be covered, establish & maintain a PDL & negotiate pharmacy costs, and adjudicate appeals; OHCC must collaborate w/ Motor Vehicle Administration to identify those eligible and contact them and provide them w/ an opportunity to enroll in an MCO (those who don't enroll will be auto-enrolled); program funded by (1) annual appropriation equal to the cost of State personnel costs in 2017; (2) a 10% payroll tax imposed on employers; (3) savings from streamlining/consolidation/elimination of State commissions & programs; and (4) savings achieved by the State as a purchaser of pharmaceuticals or through negotiated reimbursement rates WITHDRAWN
HB 1167 SB 1011	Protect Maryland Health Care Act of 2018	Del. Peña-Melnyk Sen. Feldman	Comptroller & Exchange must develop a system through which determination of eligibility & enrollment in Medicaid & MCHP is done as soon as possible after an uninsured individual files a tax return indicating 'likely' eligibility for either program; requires all individuals in the State to maintain insurance coverage or pay a penalty of either 2.5% of the sum of the individual's MAGI or \$695 per adult and \$347.50 per dependent child (whichever is greater); requires the Comptroller & MHBE to develop a system (to be fully operational by Jan. 1, 2020) to encourage an individual to use their payments to purchase health insurance; establishes Md. Insurance Stabilization Fund for administrative costs and stabilizing the individual market & lowering premiums; also establishes Health Insurance Downpayment Escrow Fund to hold payment amounts from taxpayers to help them purchase insurance HB 1167: heard in HGO, 2/22 SB 1011: heard in FIN, 2/21

Bill #	Subject	Sponsor	Background/Status
Health Care Reform (cont'd)			
SB 387 HB 1782	Health Insurance – Individual Market Stabilization (Md. Health Care Access Act of 2018)	Sen. Middleton Del. Peña-Melnyk	In CY2019 only, commercial insurers, MCOs, dental plans and fraternal health organizations are subject to an assessment of 2.75% on the amount used to calculate their premium tax or premium tax exemption for CY2018, and funds are to be distributed to MHBE; also requires the Health Insurance Coverage Protection Commission to study and make recommendations for individual & group insurance market stability, including whether to pursue a Basic Health Program and a Medicaid buy-in program (to be included in annual report submitted on Dec. 31, 2019) SB 387: SIGNED INTO LAW – Ch. 38 HB 1782: SIGNED INTO LAW – Ch. 37
SB 1267 HB 1795	Md. Health Benefit Exchange – Establishment of a Reinsurance Program	Sen. Middleton Del. Peña-Melnyk	Requires MHBE to submit a State Innovation Waiver application by July 1, 2018 for a §1332 waiver to establish a program for reinsurance to mitigate the impact of high-risk individuals on rates in the individual insurance market inside and outside the Exchange, and to seek federal pass-through funding SB 1267: SIGNED INTO LAW – Ch. 7 HB 1795: SIGNED INTO LAW – Ch. 6
SB 690 HB 726	Md. Health Insurance Coverage Protection Commission – Basic Health Program – Study	Sen. Benson Del. R. Lewis	Requires Health Insurance Coverage Protection Commission to study the feasibility of providing Basic Health Program coverage beginning Jan. 1, 2020; study to be included as part of Commission's annual report due Dec. 31, 2018 SB 690: 3 RD READING PASSED AS AMENDED; WITHDRAWN HB 726: WITHDRAWN
SB 878 HB 1312	Md. Health Insurance Coverage Protection Commission – Medicaid Buy-In Study	Sen. Feldman Del. Kelly	Requires Health Insurance Coverage Protection Commission to study the feasibility of a Medicaid buy-in program to expand the health coverage choices available; study to be included as part of Commission's annual report due Dec. 31, 2018 SB 878: 3 RD READING PASSED AS AMENDED; WITHDRAWN HB 1312: heard in HGO, 2/22
SB 1002 HB 1516	Public Health – Healthy Maryland Program – Establishment (Healthy Maryland Act of 2018)	Sen. Pinsky Del. Barron	Establishes Healthy Maryland Program to provide comprehensive universal single-payer health care coverage for all State residents beginning Jan. 1, 2020; all Medicaid, MCHP, Medicare and ACA subsidy funds would be deposited into the Healthy Maryland Trust Fund to pay for coverage and eliminate cost-sharing/premiums, and all programs would be merged into Healthy Maryland SB 1002: heard in FIN, 3/7 HB 1516: WITHDRAWN

Bill #	Subject	Sponsor	Background/Status
Pharmacy			
HB 1194 SB 1023	Health – Drug Cost Commission	Del. Peña-Melnyk Sen. Conway	Establishes Drug Cost Commission to determine how to make prescription drugs more affordable for State residents, State & local governments, commercial health plans, health care providers, pharmacies & other stakeholders; the Commission shall (1) review, evaluate & assess the pharmacy distribution & payment system in the State; (2) assess & collect publicly available info from brand & generic biopharmaceutical manufacturers, health insurers, pharmaceutical wholesalers & PBMs; and (3) compare drug prices in the US & other countries; report is due Jan. 1, 2019/2020/2021 on findings and recommendations on how entities in the prescription drug supply chain can improve access and how to make drug prices in the US comparable to those in other countries; commission sunsets after three years HB 1194: 3 RD READING PASSED AS AMENDED; FAVORABLE FIN SB 1023: heard in FIN, 2/28
SB 169	Public Health – Prescription Drug & Medical Supply Access & Affordability Workgroup	Sen. Feldman	Requires MDH to convene a workgroup to study the advisability of forming a generic drugs & medical supplies purchasing cooperative and establishing Maryland as an open formulary State; report due Jan. 1, 2019 Heard in FIN, 2/7
SB 1208 HB 1766	SPDAP – Sunset Extension & Repeal of Subsidy for Medicare Part D Coverage Gap	Sen. Klausmeier Del. Bromwell	Extends funding obligation for CareFirst to subsidize SPDAP through FY25 and extends SDPAP sunset through Dec. 31, 2024; removes CareFirst funding obligation for Medicare Part D ‘donut hole’ SB 1208: RETURNED PASSED HB 1766: RETURNED PASSED

Bill #	Subject	Sponsor	Background/Status
Long-Term Care			
HB 851	Medicaid & MCHP – Home- & Community-Based Providers – Funding	Del. Reznik	Requires Gov’s budget for FY20 and beyond to include a 3.5% rate increase for home- & community-based providers over funding provided in the appropriation for the immediately-preceding fiscal year Heard in HGO, 3/6
SB 206	Long-Term Care Insurance – Premium Rates & Benefits	Sen. Manno	Prohibits MDH from considering benefits paid to an individual after the coverage of a long-term care insurance policy converts to paid-up status, or distributions paid out from a 401(k) plan into which an employer made contributions, for purposes of determining allowable yearly income under Medicaid long-term care; also, any benefits paid out after a long-term care insurance policy converts to paid-up status may not be considered available income for purposes of determining eligibility for Medicaid Heard in FIN, 2/7

Bill #	Subject	Sponsor	Background/Status
Long-Term Care (cont'd)			
SB 550 HB 782	Md. Achieving a Better Life Experience (ABLE) Program – Modifications	Sen. Zucker Del. Waldstreicher	Authorizes money & assets in an ABLE account to be transferred upon the death of a designated beneficiary to their estate or to an ABLE account for another eligible person; an ‘agency or instrumentality of the State’ may not seek payment from an ABLE account or its proceeds for any amount of Medical Assistance paid for the beneficiary; amended to allow funds from certain college savings plans to be transferred to an ABLE account SB 550: PASSED ENROLLED HB 782: RETURNED PASSED
SB 630 HB 1215	Nursing Homes – Partial Payment for Services Provided	Sen. Madaleno Del. Peña-Melnyk	Requires MDH to make advance payments (upon request) to nursing homes for uncompensated program services provided to a resident who has filed an application for Medicaid program services, but their eligibility has not been determined within 90 days after the application was filed; the advance payment may not exceed 50% of the estimated amount due; if an advance payment is made and the resident’s application is approved, the Dept. shall pay the balance to the nursing home, but if their application is denied, the Dept. shall recover any advance payments made; requirement sunsets after two years Was SB 1109 last year SB 630: RETURNED PASSED HB 1215: PASSED ENROLLED
SB 757	Nursing Facilities – Quality Assessment – Exemption for State Veterans Home	Sen. Peters	Would exempt a State-owned nursing facility for veterans from the quality assessment Heard in FIN, 3/1
SB 937 HB 1064	Md. Medical Assistance Program – Home- & Community-Based Waiver Services – Prohibition on Denial	Sen. Kelley Del. West	Prohibits MDH from denying access to a HCBS waiver due to a lack of funding if an individual is discharged from a hospital or SNF directly to their home and waiver services are eligible to be paid for by Medicaid within 45 days after discharge SB 937: heard in FIN, 3/7 HB 1064: heard in HGO, 3/6
SB 939 HB 1618	Community-Based Services Waivers & State Disabilities Plan – Alterations (Md. Disabilities Act)	Sen. Kelley Del. Morales	Requires that at least half of HCBS waiver participants live in community-based housing immediately before they receive waiver services; the waiting list for waiver-eligible individuals must use valid testing instruments to assess the need for services on an objective scale, allocated services according to need and prioritizes services & supports for those w/ the greatest needs; waiting list individuals shall receive a copy of the Dept’s policies and shall be informed of their status on the list, how it was determined, how quickly they may expect to receive services and what services & supports they are likely to receive Similar to SB 876/HB 1613 from last year SB 939: heard in FIN, 3/7 HB 1618: heard in HGO, 3/7

Bill #	Subject	Sponsor	Background/Status
Other Medicaid-Related Bills			
HB 1113	Md. Medical Assistance Program – Services for Children w/ Prader-Willi Syndrome	Del. McMillan	Requires Dept. to apply for a 1915(c) home- & community-based services waiver for children w/ Prader-Willi syndrome under age 22 who meet nursing home/hospital/ICF for developmentally-disabled level-of-care Heard in HGO, 3/6
HB 1310 SB 1101	Health Insurance – Provider Panels – Procedures & Credentialing Practices	Del. Ghrist Sen. Eckardt	Prevents insurers from imposing a limit on the number of behavioral health providers at a health care facility that may be credentialed to participate on their provider panel HB 1310: RETURNED PASSED SB 1101: heard in FIN, 3/21
HB 1460	Md. Medical Assistance Program – Proton Therapy Treatment Services	Del. Hayes	Requires Medicaid coverage of proton therapy treatment services for enrollees diagnosed w/ cancer
HB 1574 SB 896	Md. Health Care Commission – Health Record & Payment Program Advisory Committee	Del. Hill Sen. Guzzone	Requires Health Care Commission to establish an advisory committee (incl. MCO representatives) to examine the feasibility of creating a health record & payment integration program, approaches for accelerating the adjudication of clean claims and other issues; report due Nov. 1, 2019; sunsets after two years HB 1574: 3 RD READING PASSED AS AMENDED SB 896: PASSED ENROLLED
SB 163 HB 490	Public Health – Community Health Workers – Advisory Committee & Certification	Sen. Nathan-Pulliam Del. Lam	Creates advisory committee (staffed by MDH) to advise on CHW training, criteria for denial, appeals, etc.; MDH must adopt regs establishing a procedure for accrediting CHW training programs and for certification of CHWs; also establishes a CHW fund to cover the MDH expenses relating to the certification of CHWs Similar to SB 592/HB 1257 from 2014 SB 163: RETURNED PASSED HB 490: RETURNED PASSED
SB 211	Behavioral Health Programs – Medical Directors – Telehealth	Sen. Waugh	Requires that regs for behavioral health programs allow programs in a health professional shortage area to satisfy any regulatory requirement that the medical director be on-site through the director’s use of telehealth 3 RD READING PASSED AS AMENDED; FAVORABLE HGO
SB 259 HB 626	Md. Medical Assistance Program – Medication Adherence Technology Pilot Program	Sen. Middleton Del. Cullison	Establishes pilot to expand the use of medication adherence technology to increase prescription drug adherence for Medicaid enrollees diagnosed w/ severe & persistent mental illness; pilot will serve 300 enrollees who (1) are dual-eligibles; (2) have severe & persistent mental illness & multiple co-morbidities; (3) are taking six or more oral medications; and (4) have annual health care costs over \$55,000; targeted enrollees will have COPD, diabetes, heart failure or hyper-tension; the pilot shall aim to achieve a 10% reduction in total health expenditures for participants; report on pilot due Sept. 1, 2021 SB 259: heard in FIN, 2/7 HB 626: WITHDRAWN

Bill #	Subject	Sponsor	Background/Status
Other Medicaid-Related Bills (cont'd)			
SB 284	Md. Medical Assistance Program – Dental Coverage for Adults – Pilot Program	Sen. Middleton	Amended to require MDH to apply for an §1115 waiver amendment to implement a pilot program to provide limited dental coverage for adult Medicaid enrollees; the pilot program may limit participation to dual-eligibles of a certain age and to certain geographic regions of the State; report on status of waiver application due Dec. 1, 2018 Similar to HB 1158 from last year RETURNED PASSED
SB 660 HB 1280	MDH – Enrollees in EID Program – Demonstration Program	Sen. Lee Del. Korman	Establishes 3-year demonstration program supported by State GF to cover health care services that are provided to individuals aged 21-65 who are enrolled in EID, have a qualifying condition and are not covered under Medicaid; report on program due Dec. 1, 2020 SB 660: RETURNED PASSED HB 1280: RETURNED PASSED
SB 682	EMS Providers – Coverage & Reimbursement of Services – Reports & Plan	Sen. Hershey	Amended to require Md. Health Care Commission & MIEMSS, in consultation w/ MDH, HSCRC, Md. Hospital Association, Md. State Medical Society, Md. Nurses Association & MCOs to jointly develop a statewide plan for the reimbursement of services provided by EMS providers to Medicaid enrollees; report due Jan. 1, 2019 RETURNED PASSED
SB 704 HB 1652	Md. Medical Assistance Program – Telemedicine – Assertive Community Treatment & Mobile Treatment Services	Sen. Klausmeier Del. Sample-Hughes	Requires MDH to reimburse psychiatrists who provide ACT or MTS through telemedicine to enrollees located in a home- or community-based setting; requires Dept. to report on GF impact by Sept. 30, 2020; requirement sunsets after two years SB 704: PASSED ENROLLED HB 1652: 3 RD READING PASSED AS AMENDED
SB 706 HB 1197	Telehealth – Coverage for Breast Cancer Services	Sen. Klausmeier Del. Peña-Melnyk	Requires Medicaid and commercial insurers to provide reimbursement for diagnostic & symptom management services for breast cancer delivered through telehealth to a patient in a home setting; MDH to report on recommendations for services delivered through telehealth for breast cancer patients that can be delivered to a patient in a home setting, and the appropriate reimbursement necessary to implement expansion of telehealth coverage to include diagnostic & symptom management services SB 706: WITHDRAWN HB 1197: WITHDRAWN
SB 765 HB 772	MDH – Reimbursement for Services Provided by Certified Peer Recovery Specialists – Workgroup & Report	Sen. Mathias Del. Hayes	Amended to require MDH to convene a stakeholder workgroup to make findings & recommendations on issues related to the reimbursement of certified peer recovery specialists; report due Dec. 1, 2018 SB 765: RETURNED PASSED HB 772: RETURNED PASSED

Bill #	Subject	Sponsor	Background/Status
Other Medicaid-Related Bills (cont'd)			
SB 774 HB 994	Md. Medical Assistance Program – Family Planning Services	Sen. Benson Del. Barron	Requires MDH to apply for a SPA to provide family planning services for individuals below 250% of FPL, w/ no age restrictions, presumptive eligibility and exempts Family Planning Program from federal coordination of benefits requirements; also extends length of time for which Medicaid+MCHP must provide coverage for a single dispensing of a supply of prescription contraceptives from 6 months to 12 months; amended to require MDH & MHBE to collaborate on establishing a presumptive eligibility process and integrating that process into Md. Health Connection SB 774: RETURNED PASSED HB 994: RETURNED PASSED
SB 835 HB 1682	Md. Medical Assistance Program – Collaborative Care Pilot Program	Sen. Madaleno Del. Morales	Establishes pilot program to implement a Collaborative Care Model in primary care settings for HealthChoice enrollees; three sites w/ certain characteristics to be selected to participate; requires Gov's budget to include \$550,000 in the annual budget for FY20-23; report on pilot due Nov. 1, 2023 SB 835: PASSED ENROLLED HB 1682: RETURNED PASSED
SB 862 HB 909	Md. No-Fault Birth Injury Fund	Sen. Kelley Del. Cullison	Establishes a system for adjudication and compensation of claims arising from birth-related neurological injuries; fund is capitalized by premiums from hospitals and obstetrical physicians; requires HSCRC to increase hospital rates for obstetric services to account for cost of the per-birth premium SB 862: heard in JPR, 2/21 HB 909: heard in HGO, 3/9
SB 886 HB 1477	Md. Medical Assistance Program – Work & Community Engagement Requirements – Waiver	Sens. Edwards & Serafini Del. Parrott	Requires MDH to apply by Oct. 1, 2018 for an §1115 waiver to implement a demonstration project establishing work or community engagement requirements on all 'able-bodied' adult enrollees who are eligible for Medicaid on a basis other than disability SB 886: WITHDRAWN HB 1477: UNFAVORABLE APP
SB 923	Md. All-Payer Model Agreement – Medicare SNF 3-Day Rule – Waiver	Sen. Hershey	Requires MDH to apply for waiver of Medicare 3-day rule by Sept. 1, 2018 as part of extension of the All-Payer Model Heard in FIN, 3/1
SB 943	Md. Medical Assistance Program & Health Insurance – Coverage – Hepatitis C Drugs	Sen. Nathan-Pulliam	Requires Medicaid & commercial insurers to provide coverage for hepatitis C drugs Heard in FIN, 3/7
SB 1026	MDH – Employed Beneficiaries of Assistance Programs	Sen. Madaleno	Requires MDH to annually identify the 50 employers that have the highest # of employees enrolled in Medicaid; report due from MDH each year on Feb. 1 Heard in FIN, 2/28
SB 1185	Md. Medical Assistance Program – Waiver for Children w/ Autism Spectrum Disorder – Waiting List	Sen. Simonaire	Requires MDH & MSDE to develop a process to review the waiting list for children to receive services under the Autism Waiver; the process must require that an individual be a resident of the State, and they can be removed if they are no longer eligible, no longer reside in the State, no longer intend to participate or has not responded after 'reasonable' attempts to contact them Heard in FIN, 3/21

